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FACSIMILE COVER SHEET

DATE: March 19, 1997

PLEASE DELIVER THE FOLLOWING MESSAGE TO:

TO: **EX. M. WOODWARD**
GROUP ART UNIT: 1813

FROM: Dale H. Hoscheit

FAX NUMBER: 703-305-7939

PHONE NO: 703-308-4028

NAME:

REF. NO: 2441.57317

MESSAGE

WE ARE TRANSMITTING 58 PAGES (INCLUDING THIS COVER SHEET). IF YOU DO NOT RECEIVE ALL PAGE(S) OR HAVE ANY PROBLEMS RECEIVING THIS TRANSMISSION, PLEASE CALL:

NAME: Carmen Grimes

at (202) 508-9131

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RECEIVED

MAR 19 1997

GROUP 1800

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

RECEIVED

PAUL A. LUCIW, ET AL.

MAR 19 1997

Group Art Unit: 1813

Serial No. 08/089,407

GROUP 1800

Examiner: M. Woodward

Filed: July 8, 1993

Attorney Docket No. 0035.009

For: HIV IMMUNOASSAYS USING SYNTHETIC
ENVELOPE POLYPEPTIDES (AS AMENDED)

CERTIFICATE OF FAX

Assistant Commissioner Of Patents
And Trademarks
Washington, D.C. 20231

Sir:

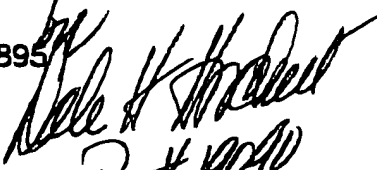
Applicants submit the attached Amendment. The original amendment with all attachments will be hand delivered to the group.

Certificate of Transfer:

I hereby certify that this paper (along with any paper identified as attached or enclosed) is being transmitted by facsimile pursuant to 37 CFR § 1.6(d) to Commissioner of Patents and Trademarks, Washington, D.C. 20231, on this date:

March 19, 1997.


Alisa A. Harbin
Registration No. 33,895


Reg # 1800

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CHIRON CORPORATION
Intellectual Property -R440
P.O. Box 8087
Emeryville, California 94602-8087
(510) 601-3274

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Paul Luciw

RECEIVED

Serial No.: 08/089,407

MAR 19 1997

Group Art Unit: 1813

Filed: July 8, 1993

GROUP 1800

Examiner: M. Woodward

For: HIV Immunoassays Using Synthetic
Envelope Polypeptides (As Amended)

Atty Dckt No.: 0035.009

Assistant Commissioner for Patents
Washington, D.C. 20231

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
Number of Claims In Excess of 20	8	20	0	\$ 22.00	\$ 11.00	0
Independent Claims In Excess of 3	4	3	1	80.00	40.00	80.00
First Presentation of Multiple Dependent Claims				260.00	130.00	
Extension Fee: a) One Month				110.00	55.00	
b) Two Months				390.00	195.00	
c) Three Months				930.00	465.00	
d) Four Months				1,470.00	735.00	
TOTAL FEE DUE:						80.00

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No additional fee is required.

A check in the amount of \$ is attached.

Charge \$80.00 to Deposit Account No. 03-1664. A duplicate of this sheet is enclosed.

Charge any additional fees or credit any overpayment to Deposit Account No. 03-1664. A duplicate of this sheet is enclosed.

A verified statement under 37 C.F.R. §§ 1.9 and 1.27

☐

☐

is attached

is of record in this application.

Respectfully Submitted,

By: *Alisa A. Harbin*
Alisa A. Harbin
Registration No. 33,895

230 EK 03-1664 03/20/97 08089407
23050 02 80.00CH

Date: March 19, 1997

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File Attached
Per # 19090